

Permanency Plan Guide

Introduction to the Permanency Plan Guide:

The Permanency Plan Evaluation uses the goals in the plan as the basis for measuring progress and change related to enhancing stability and achieving permanence. The caseworker gathers information from parents/caregivers, children, family team members, and providers to make decisions about:

- The family's progress toward achieving change and permanence.
- The effectiveness of service delivery related to achieving goals.

The Permanency Plan **must be revised and documented** in eWiSACWIS when:

- More information is learned about child functioning, adults functioning, parenting practices, or family functioning that necessitates a change to the case plan in order to assist the family to make the needed behavioral changes.
- A change on the CANS assessment identifies a change in service needs for the child, or another placement type is more appropriate to meet the needs of the child based on a change on the CANS assessment (e.g. from a residential care center to foster care).
- The court orders a disposition that is not consistent with the child's Permanency Plan.
- An administrative review panel makes a recommendation to change the existing Permanency Plan and court order.
- The permanence goal for the child is changed.

The agency must create or revise a Permanency Plan so that it is consistent with any of the above circumstances and file it with the court. A copy of each revised plan that is filed with the court must be provided to the child's parent or guardian, to the child or the child's counsel, (i.e. guardian ad litem or public defender), and to the district attorney or the corporation counsel.

Please see Ongoing Services Standards – Wisconsin Department of Children and Families for additional information regarding Permanency Planning and this document. (Pages 124-131).

[Ongoing Services Standards](#)

Court File Number [REDACTED]	Branch Number [REDACTED]	Name – Judge [REDACTED]
Permanency Plan is: [REDACTED]		
Name – [REDACTED] (Last, First Middle) [REDACTED]		Birth Date – [REDACTED] [REDACTED]
Parent 1 [REDACTED]		Parent 2 [REDACTED]
Attorney: [REDACTED]		Attorney: [REDACTED]
LEGAL GUARDIAN [REDACTED]		
INDIAN CUSTODIAN [REDACTED]		
CASE INFORMATION		
Date – Form Filled Out [REDACTED]	Name – Agency [REDACTED]	
Name – Worker The name of the worker does not appear on the Permanency Plan until approved.	Name – Supervisor The name of the supervisor does not appear on the Permanency Plan until approved. If a different supervisor (the one not assigned to the case) approves the Permanency Plan, their name will appear on the document.	
Agency Case Number [REDACTED]	Date – Next Permanency Review / Hearing Due [REDACTED]	
Name – District Attorney / Corporation Counsel [REDACTED]		
Name – [REDACTED] [REDACTED]		

CONSIDERATIONS FOR REVIEW / HEARING

1. ☐ Yes ☐ No Are there any Indian Child Welfare Act considerations with this [redacted]? If "Yes", explain.
2. Provide a statement as to whether the [redacted]'s age and developmental level are sufficient for the court or review panel to consult with the [redacted] at the hearing or review.

Explain presence of child/youth/juvenile at the hearing.

Example:

Youth is 16 years old and developmentally appropriate and interested in being present and participating.

OR

Explain absence of child/youth/juvenile at the hearing.

Example:

Child is 6 months old and is unable to communicate.

3. a. Date of last face-to-face contact by the worker with the following:
[redacted]: [redacted]
Parent 1: [redacted]
Parent 2: [redacted]
Out-of-home care provider: [redacted]
- b. Relevant information (e.g., location, who was in attendance, any interactions that were notable).
Provide a description of the last face-to-face contacts, goals and outcomes of the contacts, and pertinent information regarding status of services.
4. ☐ Yes ☐ No Was the permanency plan developed in consultation with the child / youth? If "No", explain. .
Explain reasons as to why the child was unable to participate and consult in the plan. Examples may include child's developmental level or a child's refusal to participate.
5. ☐ Yes ☐ No Was the permanency plan developed in consultation with two other individuals selected by the child / youth who are not the child's / youth's caseworker or foster parent? If "No", explain. If "Yes", name the two individuals.
Explain reasons as to why other participants were not consulted and/or did not participate.

REMOVAL

1. Explain the basis of the decision to place the [redacted] in custody. Include a narrative of the circumstances and why remaining in the home would be contrary to the [redacted]'s welfare; and the jurisdictional statute used as the basis.
This may include:
Date of detainment
Applicable Wisconsin State Statutes for the removal
Events leading up to the removal
Surrounding circumstances of removal
Threats to child safety
2. Identify and describe the actions taken and the services offered or provided by the agency to make reasonable efforts to prevent removal of the [redacted] from the home.
Example:
Offering of intensive in-home services such as in-home therapy, respite care, parenting support, etc.
If the child is an Indian child, describe the remedial services and rehabilitation programs offered in an effort to prevent the break up of the Indian child's family.
Example:
Requesting the tribal agency to assist in evaluating the case and offering community resources.

OUT-OF-HOME CARE PLACEMENT

1. Date of removal: [redacted]
2. Placement history
- | Begin Date | End Date | Placement Type | Out-of-Home Care Provider | Educational Stability Considerations |
|------------|------------|----------------|---------------------------|--------------------------------------|
| [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |

3. Placement services history

Begin Date	End Date	Service Type	Service Provider

4. Placement Considerations

Placement Preferences

If the child is an Indian child, provide a statement as to whether the Indian child's placement is in compliance with the order of the placement preference, and if the placement is not in compliance with that order, a statement as to whether there is good cause for departing from that order.

Placement Is	Placement Preference	Describe the action taken to comply with statutory placement preferences

Consideration of relatives

☐ Yes ☐ No Is the placed with a relative? If the is **NOT** placed with a relative, describe why placement was not available, appropriate or safe. Identify which relatives have been sent notification of the 's placement into out-of-home care in the box below.

Relative Contact Information	Relationship to	Notification of Placement Sent	Placement Considered	Description of why placement was not available, appropriate or safe.
				<p>Keep this description brief and refer to a structured case not to describe in detail.</p> <p>Examples:</p> <ul style="list-style-type: none"> Criminal Background prohibits placement Unable to take placement due to personal issues at this time. Relative lives in another state and an ICPC request to review this resource is not complete.

If a relative could not be located, describe subsequent / current efforts made to locate a relative.

Examples:

- Asking the child/parent/family members**
- Family Find and Engagement case planning approach**
- Seneca/internet searches**

Siblings

☐ Yes ☐ No Are all siblings that are in OHC placed together?

☐ Does not apply. has no siblings or other siblings are not in placement.

If "No," explain.

Please list and explain reasons as to why siblings are not placed together.

Examples:

- No placement available for both siblings.**
- One sibling needed treatment services through a placement that was not appropriate for the other sibling.**
- Placement resources not available for the siblings together.**

Location of Placement

☐ The [redacted]'s placement is within 60 miles of the [redacted]'s home and is in close proximity so as not to interfere with carrying out the permanency plan and maintaining the level of contact with the parents that is deemed appropriate.

☐ No setting is available within 60 miles of the [redacted]'s home that could respond to all the issues and needs that are part of this placement.

Describe:

- Why a placement within 60 miles of the [redacted]'s home is either unavailable or inappropriate; **OR**
- Why a placement more than 60 miles from the [redacted]'s home is in the [redacted]'s best interest.

Provide a description and detail as to why the placement decision was made in regards to the location. Such as, the child has treatment needs that no provider within 60 miles can provide.

5. Reasonable and Prudent Parenting Considerations

☐ Yes ☐ No Did the agency provide information to the out-of-home care provider for consideration in making reasonable and prudent parenting decisions specific to the child / youth? If "No", explain.

Describe why you did not provide information and guidelines regarding the Reasonable and Prudent Parenting Standard.

Describe the efforts made by the agency to ensure that the child / youth has regular, ongoing opportunities to engage in age or developmentally appropriate activities determined in accordance with the reasonable and prudent parent standard in the out-of-home care placement which includes consulting with the child in an age appropriate manner.

Explain plan to promote normalcy for the child/youth/juvenile in out-of-home care. This may incorporate specific or broad goals discussed with the placement provider to make reasonable and prudent decisions and permissions to give consent for activity participation, travel, and community/educational involvement.

6. ☐ Yes ☐ No Did the court order indicate a transitional placement? If "Yes", describe in detail including anticipated date of the placement change.

Name – New Placement

Address – New Placement (Street, City, State, Zip Code)

7. ☐ Yes ☐ No Does the agency anticipate a placement change? If "Yes," describe in detail including anticipated date of the placement change.

Name – New Placement

Address – New Placement (Street, City, State, Zip Code)

8. Confirming Safe Environments (Safety of Placement)

Date of Child and Adolescent Needs and Strengths (CANS)

Child's Assessed Level of Need (LON)

Provider's Level of Care (LOC)

Child / Provider Match

Describe below.

- *Does the current placement remain necessary, safe, and appropriate?*
- *Does the current placement meet all the physical, emotional, and educational needs of the child?*
- *How does the child feel about his or her current placement?*
- *What are the strengths to use and strengths to build?*

a. Placement Danger Threats

Please list the placement danger threats. See Appendix V in Ongoing Standards for detail.

Appendix VmPlacement Danger Threats

P1. Out-of-home care provider or others in the home are violent or out of control.

P2. Out-of-home care provider describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations.

P3. Out-of-home care provider refuses access to the child or there is reason to believe that the placement family is about to flee.

P4. Out-of-home care provider communicates or behaves in ways that suggest that s/he may fail to protect child from serious harm or threatened harm by other family members, other household members, or others having regular access to the child.

P5. Out-of-home care provider is unwilling or unable to meet the child's immediate needs for food, clothing, shelter or medical care.

P6. Out-of-home care provider has not protected the child, or will not or is unable to provide supervision necessary to protect child from potentially serious harm.

P7. Child has exceptional needs or behavior which the out-of-home care provider cannot or will not meet or manage.

P8. Child is profoundly fearful or anxious of home situation.

P9. Out-of-home care provider's home has physical living conditions that are hazardous and immediately threatening.

P10. Out-of-home care provider's drug or alcohol use appears to or could seriously affect his/her ability to supervise, protect or care for the child.

P11. Out-of-home care provider's emotional instability, mental health issue or disability appears to or could seriously affect his/her ability to supervise, protect or care for the child.

P12. Out-of-home care provider's physical health or physical condition appears to or could seriously affect his/her ability to supervise, protect or care for the child.

P13. Out-of-home care provider has previously maltreated a child and the severity of the maltreatment or the out-of-home care provider's response to that incident suggests that safety may be a current concern.

P14. Out-of-home care provider sees the child as responsible for the problems of the out-of-home care provider or the problems of the child's parent.

P15. Out-of-home care provider justifies the parent's behavior; believes the parent rather than CPS and/or is supportive of the parent's point of view.

P16. Out-of-home care provider indicates the child deserved what happened in the child's home.

P17. Out-of-home care provider will not enforce restrictions required by the protective, family interaction or safety plan.

b. If a Placement Danger Threat is selected above, please answer the following question.

☐ Yes ☐ No ☐ N/A

The court continued placement despite an identified Placement Danger Threat. If "Yes", describe the plan to ensure a safe environment for the child.

The plan should directly respond to the identified Placement Danger Threats.

- c. ☐ Yes ☐ No Does the placement provider need to acquire any special skills or knowledge to meet the needs of the child and handle the behaviors of the child in a safe manner? If "Yes", describe.

Examples:

- **Training for placement provider to understand medical needs and how to operate medical equipment or devices.**
- **Training for placement provider to understand and implement parenting techniques specific to developmental delays.**
- **Bi-weekly respite care to provide a break from caregiving.**

PERMANENCY

1. The agency's determination of whether to engage in concurrent planning indicates:
Certain indications have been shown to be related to factors that can delay or decrease the likelihood of reunification. This is based on research known as the Poor Prognostic Indicators, developed by Linda Katz.

Katz, L., & Robinson, C. (1991). Foster care drift: a risk-assessment matrix. Child Welfare: Journal of Policy, Practice, and Program.

When one of the following circumstances exists, a concurrent permanence goal and plan must be established for a child: (eWiSACWIS will list the items that are applicable when checked)

The child has been a victim of more than one form of abuse.

There have been three or more CPS interventions for serious separate incidents, indicating a chronic pattern of abuse or severe neglect or there is a pattern of intergenerational abuse with a lack of historical change in family dynamics.

A parent has a history of substance abuse or is chemically dependent and/or has a history of treatment failures or the child was drug exposed at the time of birth.

The child has been abandoned with friends, relatives, out-of-home care providers, hospital, or after being placed in care, parents do not visit on their own accord. Parents disappear or appear rarely.

A parent is intellectually impaired, or has shown significant deficits in care for the child and has no support system of relatives able to share parenting.

Parents or caretakers have a pattern of at least one year of documented history of domestic violence between caretakers and they refuse to separate.

A parent's rights to another child have been involuntarily terminated or the parent has asked to relinquish the child on more than one occasion.

A parent has significant, protracted, and untreated mental health issues.

The child or siblings have been placed in out-of-home care or with relatives for periods of over six months duration or have had repeated placements with CPS intervention and previous attempts at reunification have failed.

A parent's only visible support system is a drug culture, with no significant effort to change over time.

A parent has repeatedly, and with premeditation, harmed a child or the child experienced extreme physical or sexual abuse by a parent or the parent has allowed someone else to abuse the child.

A parent has previously killed or seriously harmed another child.

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2. ☐ Yes ☐ No Despite the agency's determination to engage in concurrent planning, has the court determined that having a concurrent permanency goal is not appropriate? Date:

3. [REDACTED]'s **current** permanence and, if applicable, concurrent permanence goal of record.

Permanence Goal: **Choose One:**

Reunification, Adoption, Guardianship, Placement with Fit and Willing Relative, OPPLA

Reunification (Reunification is defined as a child returning to the child's parents or the home from which he or she was removed or the return of a child to a parent and a home they were not removed from).

Rationale for choosing this goal:

- ***What is the status of the original threats of danger and any new threats?***
- ***What issues, other than safety, are keeping the child from returning from home?***
- ***What are the specific facts about changes in parent behavior, attitudes, motivation, and interactions?***
- ***Have the conditions or circumstances leading to the removal of the child been corrected?***
- ***Are the parent and child spending time together? How often and in what setting?***
- ***What is needed for an in-home safety plan to be sufficient?***
- ***What supervision or case management will be provided after return home?***
- ***Is trial reunification appropriate?***

Efforts made to achieve the goal, including, if appropriate, through an out-of-state placement:

What services has the agency offered or provided?

Are services available?

Are there additional services that should be offered to the parents or child?

Have adequate efforts been made to involve appropriate service providers?

Other considerations:

Child safety can be controlled through an in-home safety plan.

Rehabilitation plans for the family.

Parent/caregiver protective capacities are sufficiently enhanced to manage threats to child safety.

It is the child or Indian child's best interest to reunify.

What is the date and detailed plan for the child's safe return to home and follow up supervision plans?

Conditions to reunify safely.

List conditions for reunification.

Adoption

Rationale for choosing this goal:

What are the facts and circumstances supporting the grounds for termination?

Is the agency making reasonable efforts to locate an adoptive resource (foster parents and relatives)?

What reasonable efforts were made to reunify?

Has a TPR petition been filed and, if not, what is the date it will be filed?

What is the likelihood of adoption?

Efforts made to achieve the goal, including, if appropriate, through an out-of-state placement:

The proposed adoptive resource demonstrates protective capacities, stability, nurturing care, and the ability to provide a lifelong commitment and relationship with the child.

The caseworker has explained to the proposed adoptive resource the eligibility of continued financial assistance through Adoption Assistance and for continued Medical Assistance through Title XIX for the child.

When adoption is identified as the permanence goal for a child the following needs to be completed by the caseworker and submitted to the permanency consultant assigned to the county of jurisdiction the Permanence Readiness form (DCF-F-CFS2370) and a permanency status rating.

If the child is assessed to be ready for adoption and the permanency status is "good" or better, then: the caseworker shall make a Permanency Readiness referral (DCF-F-CFS2370-E) to the regional adoption contract supervisor.

☐ Yes ☐ No Has an Adoption Referral been made?

If an adoption worker has been assigned, list below his or her name and the date assigned.

Name – Adoption Worker

Date Assigned

☐ Yes ☐ No [redacted] is placed with an adoptive resource.

☐ Yes ☐ No Adoptive resource needs to be identified.

☐ Yes ☐ No Barriers to adoption – If “Yes”, describe.

Examples:

Foster parents do not want to adopt

No identified adoptive resource

Adoption of sibling-set

Need of tribal support

Guardianship (When reunification is not possible and an individual will assume the legal and financial responsibilities associated with guardianship as specified in s. 48.977 Wis. Stats., or Ch. 54 Wis. Stats., a transfer of guardianship is appropriate. With a transfer of guardianship, the birth parent(s) retain their parental rights, but with limitations placed on them by the courts of guardians).

Rationale for choosing this goal:

What are the facts and circumstances supporting guardianship?

What reasonable efforts were made to reunify?

What demonstrates that the proposed guardian is appropriate and willing to serve as a permanent family to the child?

Can the guardian manage the relationship between the child and birth family?

How will this goal provide stability and permanency?

Has subsidized guardianship been considered?

Has the guardianship petition been filed and, if not, what is the date it will be filed?

☐ Yes ☐ No [redacted] is with resource that will become permanent guardian.

Efforts made to achieve the goal, if appropriate, through an out-of-state placement.

The agency caseworker has explained to the proposed guardian the supports and services available to them under adoption and the eligibility of continued financial assistance through Subsidized Guardianship or Kinship Care.

☐ Yes ☐ No Has an eligibility determination been made for Subsidized Guardianship?

If “Yes”, what is the eligibility determination for the [redacted] and proposed guardian and supporting rationale? [redacted]

Placement with a Fit and Willing Relative

Rationale for choosing this goal:

What are the facts and circumstances supporting this permanent placement?

What demonstrates that the proposed caregiver is appropriate and willing to serve as a permanent family to the child?

How will this goal provide stability and permanency?

Has guardianship or subsidized guardianship been considered?

The relative demonstrates to the agency the capacity and ability to cooperate with the birth parent(s) to manage conflict and obtain the necessary signatures from the birth parent to maintain the child’s health and well-being needs.

The relative must also demonstrate the ability, capacity, and commitment to provide long-term for the child’s safety, permanence, and well-being needs.

The relative must meet placement criteria for a relative as defined by s. 48.02 (15) Wis. Stats.

The agency caseworker has explained to the relative the supports and services available to them under other more permanent options such as adoption or guardianship with either Subsidized Guardianship payments or Kinship Care payments for the child and the eligibility requirements for voluntary Kinship Care under Ch. DCF 58 Admin. Rule for continued financial assistance.

Efforts made to achieve the goal, if appropriate, through an out-of-state placement.

Describe action steps taken or needed to achieve this goal.

Other Planned Permanent Living Arrangement (OPPLA) - (This is the least preferred option for a child and lacks legal permanence for the child. OPPLA is an arrangement that is planned and intended to establish permanency for a child through a supportive relationship with a significant adult(s) that will endure over time. OPPLA is not intended for a temporary placement plan and should not be confused with Independent Living services).

Identify the name of the adult(s) committed to a long-term relationship with the [REDACTED].

List names, relationship, and contact information.

Describe the compelling reason why it would not be in the best interests of the [REDACTED] to return the [REDACTED] to his or her home or to place the [REDACTED] for adoption, with a guardian, or with a fit and willing relative and the efforts made to achieve that goal, if appropriate, through an out-of-state placement.

The caseworker must continue the following efforts:

Review the case file in detail and talk with those familiar with the child to locate and identify relationships or significant connections that may have been missed or that may be developing. (i.e., teachers, medical caregivers, volunteers, etc.) to see if a permanent resource can be made.

Talk to the child about the important people in their lives, who they look up to and who they feel they can count on to "be there" for them.

Exploration of the child's relationships as they develop and change over time.

For relationships that have not been identified, evaluate and screen, support and nurture such relationships through interaction, information sharing, and activities that build on the foundation that has been established.

Describe the intensive and ongoing efforts made by the agency, including searching social media, to return the child / youth to the child's / youth's home or to place the child / youth for adoption, with a guardian, or with a fit and willing relative and that those efforts have proved unsuccessful.

Explain in detail the action steps of these ongoing efforts.

Rationale for choosing this goal:

Have compelling reasons been documented as to why it would not be in the child's best interests to have one of the other permanency goals?

Is there a concurrent permanency goal?

Does the goal include an appropriate and enduring relationship with an adult?

What is the plan to ensure regular, ongoing opportunities to engage in age or developmentally appropriate activities?

Concurrent Goal: **Choose One (other than primary goal listed):**
Reunification, Adoption, Guardianship, Placement with Fit and Willing Relative, OPPLA

Reunification

Rationale for choosing this goal:

See previous notes for guidance.

Efforts made to achieve the goal, including, if appropriate, through an out-of-state placement:

See previous notes for guidance.

Conditions to reunify safely.

See previous notes for guidance.

Adoption

Rationale for choosing this goal:

See previous notes for guidance.

Efforts made to achieve the goal, including, if appropriate, through an out-of-state placement:

See previous notes for guidance.

☐ Yes ☐ No Has an Adoption Referral been made?

If an adoption worker has been assigned, list below his or her name and the date assigned.

Name – Adoption Worker

[REDACTED]

Date Assigned

[REDACTED]

☐ Yes ☐ No [REDACTED] is placed with an adoptive resource.

☐ Yes ☐ No Adoptive resource needs to be identified.

☐ Yes ☐ No Barriers to adoption – If “Yes”, describe.

See previous notes for guidance.

Guardianship

Rationale for choosing this goal:

See previous notes for guidance.

☐ Yes ☐ No [redacted] is with resource that will become permanent guardian.

Efforts made to achieve the goal, if appropriate, through an out-of-state placement.

See previous notes for guidance.

☐ Yes ☐ No Has an eligibility determination been made for Subsidized Guardianship?

If “Yes”, what is the eligibility determination for the [redacted] and proposed guardian and supporting rationale? [redacted]

Placement with a Fit and Willing Relative

Rationale for choosing this goal:

See previous notes for guidance.

Efforts made to achieve the goal, if appropriate, through an out-of-state placement.

See previous notes for guidance.

Other Planned Permanent Living Arrangement (OPPLA) - [redacted]

Identify the name of the adult(s) committed to a long-term relationship with the [redacted].

See previous notes for guidance.

Describe the compelling reason why it would not be in the best interests of the [redacted] to return the [redacted] to his or her home or to place the [redacted] for adoption, with a guardian, or with a fit and willing relative and the efforts made to achieve that goal, if appropriate, through an out-of-state placement.

See previous notes for guidance.

Describe the intensive and ongoing efforts made by the agency, including searching social media, to return the child / youth to the child's / youth's home or to place the child / youth for adoption, with a guardian, or with a fit and willing relative and that those efforts have proved unsuccessful.

See previous notes for guidance.

Rationale for choosing this goal:

See previous notes for guidance.

4. [redacted]'s **proposed** permanence and, if applicable, concurrent permanence goal.

Permanence Goal: **Choose One:**

Reunification, Adoption, Guardianship, Placement with Fit and Willing Relative, OPPLA

Concurrent Goal: **Choose One (that is not listed as primary goal):**

Reunification, Adoption, Guardianship, Placement with Fit and Willing Relative, OPPLA

Describe rationale for the [redacted]'s goal(s)

Provide a description and details as to why the above goals were chosen for the child/youth/juvenile.

5. Anticipated date the permanence goal will be achieved: [redacted]

6. ☐ Yes ☐ No a. Has the court made a finding that reasonable efforts to prevent removal or safely return to home are not required?

Date of court finding: [redacted]

- b. Termination of Parental Rights

Date referred to the district attorney's / corporation counsel's office: [redacted]

Date TPR was filed: [redacted]

- c. Adoption Safe Families Act Exceptions: State the reason why TPR is not being pursued at 15 of 22 months. This is a point in time determination made by the agency and shall not be modified once established. This exception does not prohibit the agency from pursuing a TPR at a later date, if it is deemed in the [redacted]'s best interests.

Date of ASFA Exception: [redacted]

☐ Child is placed with a fit and willing relative.

☐ Compelling reason(s) why termination of parental rights is not in the child's best interest.

☐ Reasonable efforts to safely return the child to his or her home have not been made.

☐ Grounds for involuntary TPR do not exist.

7. a. Date of latest Permanency Review: _____
- b. Permanency Plan Review Report provided to the court on Date: _____
- c. The panel found that reasonable or, in the case of an Indian child, active efforts to achieve the goal(s) of the permanency plan were:

- d. As a result of the review, were recommendations made that:
- ☐ Yes ☐ No Conflict with the court order?
- ☐ Yes ☐ No Provide for additional services not specified in the court order?
- ☐ Yes ☐ No Otherwise require a modification of the court order or permanency plan?
- ☐ Yes ☐ No Was a revision to the court order requested? If "Yes," describe the outcome of the hearing.

- e. Date of latest Permanency Hearing: _____
- f. Summarize significant case information, developments or events since the latest Permanency Review / Permanency Hearing or updates since the initial plan was created if this is the first Permanency Review / Permanency Hearing.
Provide updates and changes in previous status of the case and progress towards permanency.

WELL-BEING

1. _____'s Health Summary

- a. Check each item below that applies.

- ☐ _____ has chronic physical, mental or emotional issues. Describe in detail. _____
- ☐ _____ has had a hospitalization, surgery, emergency medical need, or significant illness in the last six months.
Describe in detail.

- ☐ Yes ☐ No Is the _____ prescribed medication? If "Yes", provide the following information on all prescription medications:

Name of Medication	Dosage / Frequency	Psychotropic	Reason Medication is Prescribed	Length Prescribed	Physician / Address
_____	_____	_____	_____	_____	_____

- b. Provide the name and address of current health care providers.

c. Immunization Information

- ☐ Yes ☐ No _____'s immunizations are up-to-date. If "Yes," as of _____.
If "No," describe why immunizations are not up-to-date and how and when this will be rectified.

d. Immunization Record

Caseworker may pre-fill from Wisconsin Immunization Registry (WIR) through the Person Management page.

Resource: <https://www.dhswir.org/PR/clientSearch.do?language=en>

Immunization

Date(s) Administered

2. _____'s Educational Summary

- a. _____
- b. Provide name and address of current school or special education providers.

- c. Describe current academic performance. Include grade level, special achievements and current educational difficulty(s). Indicate the date and source of your information.

Educational Assessment/Services: The diagnosis, treatment, and other supportive services for children's and adolescents' emotional, behavioral, and learning needs and/or problems that relate to the educational environment. This includes special education, services related to educational attainment, and planning for any needs related to educational performance and functioning.

Other considerations: bullying, behavioral issues, attendance

Current or most recent grade level: _____

☐ Yes ☐ No Is this grade level where the _____ should be (do not include a child who voluntarily begins kindergarten at age 6)? If "No", what is the primary reason for the _____ not being on grade level?

Include information gathered by teachers and school professionals.

d. ☐ Yes ☐ No Is the most recent grade report attached?

If "No," a request for school records was made to _____ on _____.

3. **Visitation / Family Interaction**

Describe family interaction plans.

Is the family interaction plan appropriate and sufficient?

How often and in what setting?

a. **Parent / Caregiver 1:** _____

Minimum Level Required: _____ Frequency: _____

Supervised by: _____

Least Restrictive Location Permissible: _____

b. **Parent / Caregiver 2:** _____

Minimum Level Required: _____ Frequency: _____

Supervised by: _____

Least Restrictive Location Permissible: _____

c. **Description of Sibling Interaction Plan**

When siblings are not seeing each other as part of the family interaction plan, a sibling interaction plan is necessary. Describe how, and at what frequency sibling interactions will occur.

If the siblings are not placed together, are they spending time together?

How is the sibling interaction going?

4. **Independent Living (IL) Services (A provision of services and supports to help youth who experienced an out-of-home care placement achieve an individual level of self-sufficiency necessary to function and transition smoothly to living safely, responsibly and independently in their communities upon transitioning out of care).**

A youth is eligible for Independent Living Services when in Out-of-Home Care for six months after the age of **14**. Youth is: ☐

Eligible ☐ Not Eligible

Date youth became eligible for Independent Living Services: _____

☐ Yes ☐ No Did the child / youth receive the Handbook for Youth in Foster Care which describes the rights listed in § 48.38(4)(h)7. / § 938.38(4)(h)7.? Date received: _____

Current Services / Activities

Independent Living Service Category

Service / Activity

Begin Date

Provider / Responsible Person

Specifically Explain Goal / Service / Activity

Historical Services / Activities

Independent Living Service Category

Service / Activity

Begin Date

End Date

Provider / Responsible Person

Specifically Explain Goal / Service / Activity

Transition to Discharge Plan

Housing

Goal: Safe and secure living environment upon leaving care.

Anticipated location youth will transition to: Address Youth Will Transition To
Housing Resource (if applicable)
Telephone Number at Housing Resource
Description of Activities to Achieve Goal
Provider / Responsible Person
Date to be Completed
☐ Yes ☐ No Goal achieved?Date Goal Achieved
Alternate location youth will transition to: Address Youth Will Transition To
Housing Resource (if applicable)
Telephone Number at Housing Resource
Description of Activities to Achieve Goal
Provider / Responsible Person
Date to be Completed
☐ Yes ☐ No Goal achieved?Date Goal Achieved
Health**GOAL 1:** Obtainment of private insurance or Badger Care Plus (Youth Exiting Out-of-Home Care): Description of Activities to Achieve Goal
Provider / Responsible Person
Date to be Completed
☐ Yes ☐ No Goal achieved?Date Goal Achieved
GOAL 2: Educate youth regarding the importance of designating another individual to make health care treatment decisions on his / her behalf.Description of Activities to Achieve Goal
Provider / Responsible Person
Date to be Completed
☐ Yes ☐ No Goal achieved?Date Goal Achieved
Education (secondary / post-secondary)**GOAL 1:** Completion of high school (GED / HSED).Description of Activities to Achieve Goal
Provider / Responsible Person
Anticipated Date of High School Diploma or GED / HSED ☐ Yes ☐ No Goal achieved?Date Goal Achieved
GOAL 2: Exploration / enrollment in post-secondary education program.

Description of Activities to Achieve Goal [REDACTED]		
Provider / Responsible Person [REDACTED]		
Anticipated Date of Post-secondary Enrollment (If N/A provide explanation) [REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved [REDACTED]
GOAL 3: Financial Assistance Explored and / or Obtained		
Description of Activities to Achieve Goal [REDACTED]		
Provider / Responsible Person [REDACTED]		
Date to be Completed [REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved [REDACTED]
Mentors and / or Other Supportive Adults Identified		
Goal: Explore and identify opportunities for mentoring and adult support after leaving foster care. Identify at least three individuals.		
Description of Activities to Achieve Goal [REDACTED]		
Provider / Responsible Person [REDACTED]		
Date to be Completed [REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved [REDACTED]
Supportive adults, other than helping professionals, who are available and willing to work with the youth as he / she transitions toward and through his / her discharge to self-sufficiency and beyond.		
Name	Relationship	Contact Information
[REDACTED]	[REDACTED]	[REDACTED]
Opportunities for Continuing Support Services		
Goal: Explore and identify continued support available through agency IL program.		
Description of Activities to Achieve Goal [REDACTED]		
Provider / Responsible Person [REDACTED]		
Date to be Completed [REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved [REDACTED]
Income		
Goal: Source of income identified and obtained.		
Description of Activities to Achieve Goal [REDACTED]		
Provider / Responsible Person [REDACTED]		
Date to be Completed [REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved [REDACTED]
Indicate youth's source of income at discharge from Out-of-Home Care (OHC) [REDACTED]		
Employment Services and Workforce Support		
Goal: Youth has employment or is connected to employment services and support: [REDACTED]		
Description of Activities to Achieve Goal [REDACTED]		
Provider / Responsible Person [REDACTED]		

Date to be Completed [REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved [REDACTED]
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Essential Documents Secured and Provided to Youth

Goal: Youth receives all the documents needed for successful transition to independence prior to the transition date.

Required

- ☐ Original birth certificate and information on how to obtain a duplicate
- ☐ State ID card or driver's license and information on how to obtain a duplicate
- ☐ Medical card
- ☐ Social security card and information on how to obtain a duplicate
- ☐ Health records (e.g., medications, illnesses, diagnoses, immunizations, hospitalizations, surgeries, referrals, family medical history)
- ☐ Education records (e.g., schools attended, transcripts, IEP, certificates, diplomas, degrees earned)
- ☐ Documentation of immigrations, citizenship, or naturalization, if appropriate
- ☐ Death certificate if parent is deceased
- ☐ Proof of tribal registration and membership, if appropriate
- ☐ Copy of ILTD plan
- ☐ Selective Service card (required for males only; must register at age 18)
- ☐ Annual credit report and efforts made by the agency to amend any inaccuracies in the report.

Other

- ☐ Placement history, if appropriate
- ☐ Copy of permanency plan, if appropriate
- ☐ Change of address card
- ☐ Employment Information
- ☐ National Youth in Transition Database (NYTD) information provided

Other Areas of Focus

Goal: Youth's own identified needs.

Description of Activities to Achieve Goal

[REDACTED]

Provider / Responsible Person

[REDACTED]

Date to be Completed [REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved [REDACTED]
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Date of follow-up appointment following discharge: [REDACTED]

Indicate desired method of contact following discharge: [REDACTED]

SAFETY

1. Can in-home services work for this family?

Yes **No**

- ☐ ☐ The parents / caregivers are willing for services to be provided and will cooperate with service providers.
- ☐ ☐ The home environment is calm enough for services to be provided and for the service providers to be in the home safely.
- ☐ ☐ Safety services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations.
- ☐ ☐ Parents / caregivers are residing in the home.

Clearly outline what is needed for the [REDACTED] to return home with an in-home safety plan

How is the impending danger being controlled and managed?

What is the supervision and oversight required to manage the in-home safety plan?

How will you measure progress related to establishing parent/caregiver protective capacities and eliminating safety related

issues?

Other considerations:

- **Ensuring that the services put in place continue to control identified impending danger threats.**
- **Ensuring that the commitments by the family and providers remain intact.**
- **Determining whether previously identified impending danger threats have been eliminated or if the severity has been reduced or increased.**
- **Determining if new safety threats have emerged.**

2. Safety Services

The Identified Safety Threat; Diminished Protective Capacity; and the associated Safety Service / Action Type, Safety Service Provider and the specific explanation of the safety service / action and how it will control the threat identified are listed below:

Safety Threats:

Resource: http://dcf.wisconsin.gov/memos/num_memos/DSP/2011/2011-07attach.pdf

Protective Capacities:

<u>Behavioral Protective Capacities</u>	<u>Cognitive Protective Capacities</u>	<u>Emotional Protective Capacities</u>
<ul style="list-style-type: none">• Has a history of protecting• Takes action.• Demonstrates impulse control.• Is physically able.• Has and demonstrates adequate skill to fulfill caregiving responsibilities.• Possesses adequate energy.• Sets aside her/his needs in favor of a child.• Is adaptive as a parent/caregiver.• Is assertive as a parent/caregiver• Uses resources necessary to meet the child's basic needs.• Supports the child.	<ul style="list-style-type: none">• Plans and articulates a plan to protect the child.• Is aligned with the child.• Has adequate knowledge to fulfill care giving responsibilities and tasks.• Is reality oriented; perceives reality accurately.• Has an accurate perception of the child.• Understands his/her protective role.• Is self-aware as a parent/caregiver.	<ul style="list-style-type: none">• Is able to meet own emotional needs.• Is emotionally able to intervene to protect the child.• Is resilient as a parent/caregiver.• Is tolerant as a parent/caregiver.• Displays concern for the child and the child's experience and is intent on emotionally protecting the child.• Has a strong bond with the child and is clear that the number one priority is the well-being of the child.• Expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings.

Identified Safety Threat

Resource: http://dcf.wisconsin.gov/memos/num_memos/DSP/2011/2011-07attach.pdf

Safety Service / Action Type

Type of service, action steps necessary

Example: AODA counseling/treatment

Safety Service Provider

Provider name, details, contact information if applicable

Describe the availability, accessibility and suitability of the safety service provider involved.

Discuss barriers to access (example: waitlists) or other complexities in matching a service provider with the identified safety threat.

Specifically explain the safety service / action and how it will control the threat identified.

Discuss the match of service provider to address safety threat.

Type of Diminished Protective Capacity: **See above chart for guidance.**

Parent / Caregiver Protective Capacity was assessed and enhancement is needed in the following area(s): **Describe areas and capacities in need of improvement.**

Demonstrated Behavioral Change needed for safe case closure.

Discuss the necessary changes and method of evaluating the completion of this change for a safe case closure.

3. Safety Decision

- ☐ The use of an In-Home Safety Plan is indicated (Proceed with developing a reunification plan and a _____ sufficient, feasible, and sustainable in-home safety plan.)
- ☐ Continued placement in out-of-home care is indicated
- ☐ Safe case closure

PLANNING AND SERVICES

Identify and describe the court ordered conditions, the actions taken and the services offered or provided by the agency in the previous six months and those to be provided in the next six months to make reasonable efforts, or active efforts in the case of an Indian child to achieve the goal(s) of the Permanency Plan, including services that were recommended or considered but were not available.

Describe the _____'s general functioning.

Impact of trauma:

Education:

Health/Wellbeing:

Physical Health:

Mental and Emotional Health:

Social Functioning and Peer Interaction:

Family Interaction:

Adjustment to Placement:

ICWA Considerations:

Independent Living:

Condition / Objective: *All court ordered conditions should be included. Ideally, these are behaviorally stated and measurable.*

Goal: _____

Service category: _____

Specifically explain service: _____

Responsible person / provider: _____

Frequency / Duration: *How often?* _____

Begin date: *When services start* _____

End date: *When services are concluded* _____

Describe progress: _____

Status of service: _____

For each parent / caregiver, describe how adult functioning (general functioning, daily life management, mental health functioning and substance use) impacts parenting practices (disciplinary approaches, nurturing, limit setting, protectiveness, provision of basic care, etc.). When a child is unsafe, determine how diminished parent / caregiver protective capacities impact impending danger threats (foreseeable danger) to safety.

Describe Parent 1 and Parent 2 separately.

Name of Parent / Caregiver: _____

Condition / Objective: _____

Goal: _____

Service category: _____

Specifically explain service:

Responsible person / provider:

Frequency / Duration:

Begin date:

End date:

Describe progress:

Status of service:

Describe the family's general functioning, strengths and current stresses. Consider the family's cultural context.

Family Condition / Objective:

Goal:

Service category:

Specifically explain service:

Responsible person / provider:

Frequency / Duration:

Begin date:

End date:

Describe progress:

Status of service:

Service Definitions:

Parenting and Family Functioning Skills:

Basic Home Management: An intervention or supported process of preserving, protecting, and maintaining a household or home with assistance, direction, or coaching from a third party. This includes assistance with budgeting, menu planning, household schedules, and daily tasks.

Family Therapy: Working with families and couples to nurture change and development. The approach tends to view change in terms of the systems of interaction between family members and emphasizes family relationships as an important factor in psychological health.

Parenting Services: Services or informal supports to help parents and teen parents learn more about child development and parenting strategies to enhance attachment, empathy, care, and communication between family members.

Childcare services:

Daycare: the regular paid care of a child by a person other than the child's legal guardians or custodians, typically provided by someone outside the child's immediate family as an ongoing service during specific periods. This may occur when the parent/caregiver/out-of-home care provider is working, participating in programs, or otherwise unavailable to care for the child.

Respite: Services provided to a child during a planned absence or emergency of a primary caregiver or out-of-home provider for more than 48 hours or services that are rendered during the primary caregiver's or foster parent's absence and if not paid for by the requestor, such services may be paid for by a licensing, supervising, or placing agency. Respite services include those services such as temporary care for children to relieve a primary caregiver who may be experiencing severe distress or who may be in a state of crisis.

Psychosocial Interventions:

AODA Assessment/Services: An assessment to examine an individual's alcohol and/or drug use or abuse habits, or any modality for the provision of goal oriented interventions to address specific substance use or abuse issues. This includes AODA specific individual or group therapy, in patient detoxification services, and support groups (e.g. Alcoholics Anonymous).

Crisis Services: Crisis assessment, stabilization or inpatient diversion services specifically focused on crisis intervention. This also includes crisis linkage and follow-up services.

Group Therapy: Any therapeutic modality conducted in a group setting. This does not include AODA treatment groups.

Individual Therapy: Any counseling or psychotherapeutic sessions involving only two persons, the therapist and the patient. Others may attend periodically to support an individual; however, the focus is on the identified individual's goals.

Psychiatric Assessment/Services: A testing, assessment, or evaluation process for gathering information about a person's psychiatric status or diagnosis. This also includes the provision of services and interventions by a psychiatrist related to pharmacological treatment.

Psychological Assessment: Psychological testing, assessment, or evaluation is the objective and standardized measure of an individual's mental and/or behavioral characteristics.

Financial Support/Direct Assistance

Economic Support: Assistance or advocacy from an economic support or related professional to obtain tangible services for low income families with children. This includes but is not limited to utility assistance or other tangible goods, such as household items, furniture, or bedding.

Housing Assistance: Assistance or advocacy from a housing specialist to help people with low and moderate incomes access safe and affordable housing. This includes rental support.

Transportation: Services for people who need assistance with transportation from one place to the next. This may include bus passes, gas vouchers, taxis, professional drivers, and providing rides.

Articulation of when the return will take place. If you are unable to envision a time when this return might actually happen, then you should be rethinking whether this is an appropriate plan for the child.

SIGNATURES

Name – Worker

Date Completed

SIGNATURE – Worker

Date Signed

Name – Supervisor

Date Completed

SIGNATURE – Supervisor

Date Signed